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BURGH OF PAISLEY



REPORT

BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1952



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BY THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

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Public Health Department,
20 Back Sneddon Street,
Paisley.

July, 1953.

To the Provost, Magistrates and Councillors
of the Burgh of Paisley.

Miss Leishman and Gentlemen,

I have the honour to submit the Annual Report of the Medical Officer of Health of the Burgh of Paisley for the year 1952.

The statistics for the year show that the general health of the community was satisfactory and that the various indices by which we measure health continued to improve. Probably the most heartening sign during 1952 was the decided downward trend which occurred in the incidence of new cases of Tuberculosis. This subject has already been discussed within the Council and at the Tuberculosis Conference held in Paisley on 27th March 1953, but the problem of Tuberculosis is of such importance that I have given considerable space to a further commentary within this Report.

While the acknowledged method of assessing the value of the various Health Services and comparing them year with year is by statistics, I would indeed be sorry if our only aim in this type of work was to improve figures. There is no doubt that among the objects of all Health Services is the reduction of the number of deaths, the keeping at as low a level as possible the incidence of infectious and other diseases, and the guiding of the people to a healthful way of life, but in attaining these the task would indeed be devoid of satisfaction if the Services did not instil happiness and hope in those to whom they were extended. There must, therefore, be a spirit of service in all who participate so that there is created, not only favourable health statistics, but the happiness of the community and a confidence in the Services.

The Secretary of State for Scotland in calling upon Medical Officers of Health to submit their annual reports for 1952 has asked them to review the Services provided by their Local Authorities under Part III of the National Health Service (Scotland) Act 1947. The Services which the

Town Council of Paisley have continued to operate, or have instituted, since 5th July 1948, as their part in the National Health Service are therefore reviewed in the subsequent sections of this Report and under the headings suggested by the Secretary of State.

It is right to say that the Local Health Authority's Services have been under constant review, for with the setting up of the National Health Service in 1948 there occurred a fundamental change in the responsibilities of the Authority towards the health of the community. Prior to 1948 the Authority made direct contributions towards both the prevention and treatment of disease, but when all hospitals were transferred to the Secretary of State the Authority's direct interest in treatment diminished and they are now responsible for those services which are basically preventive. An arrangement such as this might at first appear a satisfactory division of responsibilities but unfortunately where health is concerned there is no sharp line of demarcation between preventive medicine and curative medicine, and only when these two outlooks are focussed on the same point will our National Health Service achieve for the community that better health for which it was primarily established.

To achieve, therefore, the closest knitting of all the Services which are available to the citizens it has been necessary to keep a close watch on all developments within the Health Service and also to examine each of the Authority's Services from time to time to see that they were working for the maximum good and guarding against deficiencies which might be created by too sharp a cleavage between prevention and treatment.

In 1952 the Town Council did give serious consideration to the Report of the Standing Advisory Committee on Local Authority Services of the Scottish Health Services Council entitled, "What Local Authorities can do to Promote Health and Prevent Disease" and the Report presented by the Medical Officer of Health at that time did provide a general review of the Local Health Authority's Services. The latter Report is included as an appendix to this Annual Report.

It gives me a great deal of pleasure to record my thanks to all members of the Public Health, Sanitary, Social Service, and Children Departments for

the great help which they have given to me during my first year as Medical Officer of Health of the Burgh and to indicate in some measure in this Report, the very fine work which they have carried through during 1952; also to thank all the Officials in other departments of the Corporation and those participating in the work of the Board of Management for Paisley and District Hospitals and Renfrew County Executive Council for their ever ready help and advice when a common problem has arisen; and lastly to thank all the members of the Health Committee, especially the Convener and Depute Convener, for their great interest in the health of the community and help in the work of the Department and for the progressive outlook which they have shown in dealing with matters coming before them.

I am, Miss Leishman and Gentlemen,

Your obedient Servant,

Thomas J. Bennie.

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VITAL STATISTICSPopulation

The population of the Burgh as estimated by the Registrar-General at 30th June 1952 was 94,500 being an increase of 662 over the mid-year estimate for 1951.

This estimated figure gives a density of population per acre of the Burgh of 14.83.

BIRTHS

Live-Births The total number of live-births during 1952, corrected for 'transfers' was 1602 (809 males and 793 females) of which 51 or 3.18% were illegitimate births. This figure gives a birth rate of 17.0 per 1,000 of population compared with a rate of 17.1 in 1951.

The following table shows the birth-rate for Paisley, compared with that for the Large Burghs and all Scotland, for the post-war years to 1952.

Year	Paisley	Live-Births	
		Rate per 1,000 of population	
		Large Burghs	Scotland
1946	20.0	24.7	20.3
1947	22.5	22.6	22.0
1948	18.9	19.6	19.4
1949	18.5	18.5	18.5
1950	17.4	17.8	17.9
1951	17.1	17.8	17.7
1952	17.0	18.4	17.7

The natural increase for the year i.e. the excess of births over deaths was 475 compared with 405 in 1951. In 1938 the natural increase was 611.

STILL-BIRTHS The number of still-births, after correction for 'transfer' was 46 giving a rate of 28 per 1,000 of all births compared with a rate of 31 in 1951. The rate for 1952 is the lowest recorded

for the Burgh since registration of still-births was introduced on 1st January 1939.

The following table shows the still-birth rate for Paisley, compared with that for the Large Burghs and all Scotland, for the post-war years to 1952.

Year	<u>Still-Births</u>		
	Rate per 1,000 of all births.		
	Paisley	Large Burghs	Scotland
1946	32	35	32
1947	37	30	31
1948	32	30	29
1949	28	28	27
1950	33	28	27
1951	31	27	27
1952	28	28	26

MARRIAGES.

During 1952 there were 807 marriages within the Burgh. This is equivalent to a rate of 8.5 per 1,000 of population.

For comparative purposes the following table is submitted:-

Year	Number	Rate per 1,000 of population
1946	876	9.6
1947	942	9.8
1948	927	9.6
1949	841	8.7
1950	817	8.4
1951	887	9.5
1952	807	8.5

DEATHS.

There were 1,127 deaths (552 males and 575 females) from all causes during 1952, compared with 1,195 deaths (559 males and 636 females) in 1951.

The death rate for 1952 was 11.9 per 1,000 of the population - the lowest ever recorded for the Burgh - as against a rate of 12.7 in 1951. The death rate in 1952 for the Large Burghs was 11.5 and for all Scotland 12.0.

The total number of deaths and the death rate for Paisley, and a comparison with the rate for the Large Burghs and all Scotland, for each of the years 1946 to 1952 are given in the following table.

Year	Number	<u>Deaths</u>		
		Rate per 1,000 of population		
		Paisley	Large Burghs	Scotland
1946	1175	12.9	13.4	13.1
1947	1235	12.8	13.2	12.9
1948	1161	12.1	12.0	11.8
1949	1158	12.0	12.5	12.3
1950	1175	12.1	12.5	12.4
1951	1195	12.7	13.0	12.9
1952	1127	11.9	11.5	12.0

An analysis of the deaths during 1952, showing causes and age distribution, is contained in Tables 2 and 3 of the Statistical Appendix to this Report.

Control of Infectious Diseases

General. During the year 1952, 1515 cases of infectious diseases were notified, being a decrease of 1278 cases over the previous year. The chief variations in the number of infectious cases in 1952 and 1951 were as follows:-

	1952	1951
Dysentery	14	69
Primary Pneumonia	362	220
Whooping Cough	97	729
Chickenpox	287	524
Measles	258	610
Mumps	100	172
Respiratory Tuberculosis	132	194

Cerebro-Spinal Fever. Three cases of this disease were notified in 1952 compared with 8 cases notified in 1951. None of the cases notified died from the disease.

Diphtheria. Of this disease 4 cases were confirmed during 1952 compared with 5 cases confirmed in 1951. Of the 4 cases contracting the disease 1 case was immunised and 1 died. The child who died was unimmunised and was the first death to be recorded since March 1947.

Dysentery. In 1952 there were 14 notifications of this disease, all of the Sonn  type, as compared with 69 cases during 1951. There were no deaths from the disease.

Erysipelas. There were 16 notifications of this disease during the year as compared with 15 notifications in 1951. There were no deaths.

Ophthalmia Neonatorum Seven cases were notified in 1952 compared with 4 in 1951. There were no notifications of blindness due to this cause during the year.

Pneumonia, Acute Primary. During the year 363 cases of this disease were notified as against 220 cases notified in 1951. There were 24 deaths during the year as against 33 deaths in 1951.

Puerperal Fever and Pyrexia. During 1952, 2 cases of puerperal fever and 3 cases of puerperal pyrexia were notified as against 4 cases of pyrexia

notified in 1951. There were no deaths.

Scarlet Fever. The notifications of this disease during the year were 191 compared with 194 notifications in 1951. There were no deaths.

Tuberculosis. Of the Respiratory type of the disease 132 cases were notified during 1952 compared with 194 cases notified in 1951. There were 46 deaths during the year which figure compares with 49 deaths the previous year.

There were 24 notifications of the non-respiratory type of the disease and 3 deaths compared with 18 cases and 8 deaths in 1951.

The incidence of this disease is fully analysed in Tables 5, 6, 7 and 8 of the Statistical Appendix to this Report and the subject of Tuberculosis is more fully commented on in the subsequent section of this report which deals with "Prevention of Illness, Care and After-Care".

Paratyphoid B. Two cases of this disease were notified during the year. There was one death. These two cases were intensely investigated but the source of infection was not detected.

Whooping Cough. During 1952, 97 cases were notified as against 729 cases notified in 1951. There was one death as against 3 deaths in 1951.

There are other common infectious diseases which are not compulsorily notifiable but some indication of their incidence is got from notifications from schools and health visitors. During 1952 the incidence of these diseases was as follows:-

	1951		1952	
	Cases	Deaths	Cases	Deaths
Chickenpox	524	-	287	-
Measles	610	-	258	-
Mumps	172	-	100	-

The incidence of notifiable and non-notifiable Infectious Diseases by age-groups is given in Table 4 of the Statistical Appendix to this Report.

Venereal Diseases. The investigation and treatment of these diseases is carried out at the Special Treatment Centre, Royal Alexandra Infirmary Annexe, Craw Road. The incidence of these diseases during 1952, can be gauged from an analysis of the new cases coming to the centres during the year and this is done in Table 9 of the Statistical Appendix.

The trend of the various venereal diseases is shown in the following figures:-

	Syphilis		Gonorrhoea		Soft Sore		Non-Specific Venereal Infections	
	Male	Female	Male	Female	Male	Female	Male	Female
1938	27	12	101	29	2	-	30	1
Average 1939-1945	55	26	100	29	1	-	41	6
1946	37	25	78	24	-	-	41	-
1947	34	28	73	15	-	-	14	-
1948	29	26	71	14	1	-	33	7
1949	18	23	35	3	-	-	21	5
1950	15	16	40	5	-	-	9	-
1951	8	8	37	3	-	-	23	-
1952	9	7	27	4	-	-	11	3

Administrative Organisation of the Health Department

In March, 1948, and in anticipation of the changes in Local Government which would take place on the 5th July 1948, the "appointed day" both for the National Health Service (Scotland) Act 1947 and the National Assistance Act 1948, the Medical Officer of Health and the Director of Social Services presented to the Town Council a comprehensive Report on "Transfer of Functions".

This report reviewed those services which would, in the new arrangements, require to be transferred from the Social Service Department to the Public Health Department, e.g. the Mental Health Services, and those important welfare services which would still require to be administered by the Local Authority under Part III of the National Assistance Act 1948, namely (a) the provision of residential and temporary accommodation, (b) the provision of reception centres on behalf of the National Assistance Board and (c) arrangements for the welfare of disabled persons, including the blind, the deaf, the dumb and the crippled. The report also made reference to the Children Act 1948 which would also come into effect on 5th July 1948. The recommendations put forward by the reporters were, inter alia, (a) that in view of the trends in modern legislation there should be one combined Health and Welfare Department, (b) that the local authority should consider whether or not their responsibility to "deprived children" could not be better exercised by a Children Committee acting as a special Sub-committee of the Health Committee rather than by an ad hoc Children Committee; and (c) that the Children's Officer, when appointed should carry out his or her duties under the direction and supervision of the Medical Officer of Health.

This Joint Report received full and careful consideration by a special Sub-committee of the Town Council. They approved generally of the main recommendations but, with due regard to the great amount of work which would have to be dealt with by the combined Health and Welfare Committee they were unable to recommend that a combined

department be set up. On a legal ruling, that the functions of the Local Authority under the Children Act must be exercised by a separate Standing Committee of the Town Council, the Sub-committee did not recommend the fusing of the Public Health and Children Departments.

The recommendations finally put forward by the Sub-committee, and approved by the Town Council on 3rd May, 1948, did however contain certain important points which have done much to bring closely together the various departments interested in the Health and Welfare of the citizens, and liaison and the closest co-operation was finally assured when in September 1948 the Public Health and Sanitary Departments removed from 14 Gilmour Street and transferred to the premises occupied by the Social Service and Children Departments at 20 Back Sneddon Street.

The Departmental organisation, apart from a few changes brought about by circumstances, is at present materially as was recommended in 1948, and is as follows:-

(a) The functions of the Health Department, i.e. the Public Health and Sanitary Departments, are a responsibility of the Personal and Mental Health Committee and the Environmental Health Committee of the Town Council respectively.

(b) The functions of the Social Service Department are a responsibility of the Social Service Committee of the Town Council.

(c) The Medical Officer of Health is the administrative head of the Health and Social Service Departments.

(d) The Executive Officer of the Social Service Department is the lay Administrative Officer of the Public Health Department.

(e) The functions of the Children Department are a responsibility of the Children Committee and the Medical Officer is called to all meetings of this Committee and is available for professional advice at all times.

The changes which have taken place since July 1948 are as follows:-

(1) In (a) above, for whereas in 1948 the functions of the Health Department were a responsibility of the Health Committee of the Town Council, in June 1952 a separation of business into Personal and Mental Health and

Environmental Health took place in order to facilitate Committee procedure and from that date two Standing Committees have dealt with health matters. It is to be hoped that no further cleavage will take place, for in preventive medicine there must be the closest link between the personal and environmental services if the health of the citizens is to be maintained and improved. For those working in the Services nothing distracting has been felt from the above-mentioned cleavage in committee procedure, and within the Health Department there is the closest co-operation and the greatest of goodwill.

(2) From July 1948 till 14th September 1952 when Woodside House Children's Home was destroyed by fire, the Medical Officer of Health had the administrative supervision of the Home. Since September, therefore, this active participation in the actual work of the Children's Department has ceased, but the Committee have continued to seek his advice concerning the children in their care and he is most grateful to them for the part he is being allowed to play in shaping their new policy for children coming into their care.

The administrative organisation of the Health Department remains, therefore, very much as it was prior to the coming into being of the National Health Service, but there has been a full realisation of the close link which exists between the health and the welfare of the citizens and every effort has been made to bind these Services together.

Co-ordination and co-operation with other parts of the National Health Service.

In 1949 the question of setting up a co-ordinating Committee consisting of representatives of the Local Health Authority, the Boards of Management and the Executive Council within the County of Renfrew was considered, but did not proceed any further, it being agreed that co-ordination and co-operation at executive level was good and that meetings could be arranged easily when any specific problem arose and required discussion at the level of such a committee.

Such meetings have taken place from time to time when specific problems have arisen and as an example reference is made to the following.

Towards the end of 1950 the Town Council of Paisley, being interested in the problem of Tuberculosis and anxious to do all in their power to deal with the problem, invited all local authorities, Boards of Management, and other bodies, including the Western Regional Hospital Board and the Department of Health for Scotland, interested in the problem of Tuberculosis to send representatives to a Conference which was held in Paisley on 12th January 1951. At this Conference there was a full and frank discussion of the problem and of all the difficulties which had to be faced, and from it there resulted many active measures which in time will prove their worth. This Conference has been reported fully in previous Reports of this Department.

It may be argued that such a method of co-ordination or co-operation is only beneficial when large problems are besetting one, and that the minor problems do not warrant a meeting for discussion on their own. It is felt however that these minor items can be dealt with at executive level or failing that, by having them raised in Committee by the representatives of the Town Council who are members also of the Board of Management or the Executive Council. It appears too, that representatives approach meetings on specific problems with more enthusiasm than attending regularly at meetings where only minor items of varying interest arise.

In the Local Health Authority Services personnel are always available to co-operate with the hospital and specialist services and the general medical practitioners in the care of patients. It is difficult to see where these persons can co-operate in the actual treatment of patients in hospital, as has been suggested, but there is no doubt that they can give much help to out-patient departments and in particular to patients in need of care in their own homes. All the local authority Services have been built up with this end in view, to give advice, to do practical nursing and to furnish domestic help in the home. It is hoped that, just as the domestic help and home nursing services have been used to the full, in time the Home Visiting Service will be called upon more and more to enter the homes and give advice.

There is no doubt that, even with the highest degree of co-operation and co-ordination between the various parts of the National Health Service, the Service will not exert its greatest good if those who use it are not informed about the part each service plays and how they can avail themselves of them. To this end the Town Council of Paisley in August 1948 distributed to each household in Paisley a 20 page booklet entitled "Your New Health Services". Its purpose was to introduce all the new Health Services, to explain their purpose, and where to apply for them, and in the case of clinics, to give their place and time of operation. Such a booklet, being issued so soon after the date on which the National Health Service came into operation, did much to inform the public and any alterations which have taken place in times of clinics, etc. have been announced in the local Press.

Joint Use of Staff

When the National Health Service (Scotland) Act 1947 came into operation there were, on the staff of the Public Health Department, certain persons who had to be transferred to other parts of the Service, although the Local Health Authority still retained an interest in certain aspects of their field of work. This affected the Midwifery and Tuberculosis Service especially. The assistant Medical Officer of Health, who was resident medical officer at Barshaw Maternity Hospital, was therefore transferred but up to the present she still remains Medical Supervisor of Midwives and conducts one antenatal and one post-natal Clinic on behalf of the Local Authority. This retention of Services has proved most useful and forms a close link between the Local Health Authority Services for the care of mothers and the hospital service.

In the field of Tuberculosis the Clinical Tuberculosis Officer was transferred, and only nominally designated Assistant Medical Officer of Health in the Town Council Scheme of operation under the National Health Service (Scotland) Act 1947, but at all times there has been the closest co-operation and this is right for no other disease requires such a close link between the curative and preventive aspects of the subject. Also,

in relation to this disease, the closest co-operation has been established through the transfer of a Health Visitor to the Specialist Service to act as clinic nurse and to carry out the first visit to all notified cases and to arrange admissions to hospital etc. This nurse, has her headquarters in the Public Health Department, and so is able to pass on her information to the other Health Visitors who carry out the subsequent visits.

Before July 1948 no great amount of work was carried out by general medical practitioners on a part-time or sessional basis in the Local Health Authority's Services. The Medical Officer to the Day Nurseries was however a general medical practitioner but when in 1948 an additional medical officer was taken on to the staff of the Public Health Department this service by the general practitioner was discontinued.

Care of Mothers and Young Children.

Maternal Mortality. In Paisley in 1952 there was 1 death from causes related to pregnancy and childbirth, compared with 3 deaths in 1951. This figure for 1952 gives a maternal mortality rate of 0.60 per 1,000 total births and is the lowest ever recorded for the Burgh. This figure compares with a rate of 1.2 for the Burgh in 1951 and, for Scotland as a whole, in 1952, of 1.0.

Infant Mortality. During 1952 there were 74 deaths among children under 1 year of age as compared with 72 deaths in 1951. The infant mortality rate for the year was 46 per 1,000 live births and compares with the rate of 35 for Scotland as a whole and 37 for the Large Burghs during the same period.

Although this infant mortality rate is comparatively high it is the second lowest recorded for the Burgh.

A detailed study of the deaths in this period of life reveals the following facts:-

1. That 75.6% of deaths occur in the neo-natal period, i.e. the first four weeks of life.
2. That 34.8% of the deaths are due to prematurity.

19.4%	"	"	"	"	"	"	"	congenital malformation.
12.5%	"	"	"	"	"	"	"	infection.
8.3%	"	"	"	"	"	"	"	injury at birth.
25%	"	"	"	"	"	"	"	diseases peculiar to the young.

There is no doubt that such facts make it plain that determined action must be taken against specific avoidable causes of death in this very vulnerable group. It is not a matter for the Local Health Authority alone but for all engaged in the Health Service.

Ante-Natal and Post-Natal Clinics.

When the National Health Service came into being on 5th July, 1948, the Local Health Authority were already operating ante-natal and post-natal clinics and the development which has taken place in this part of their Service has been a natural extension, depending on availability of staff

and suitable premises. The Russell Institute, in Causeyside Street, was the main and central clinic and 3 ante-natal and 1 post-natal clinic sessions were held each week. Since then the number of ante-natal sessions has been increased to 5 per week, but there has been no need to extend the post-natal sessions as one is carried out by the Specialist Service at Barshaw Maternity Hospital.

With the extension of new housing to the periphery of the Burgh there has been a constant watch for suitable premises in which ante-natal clinics could be conducted in order to obviate the long journey into the centre of the town. As a result a district clinic was opened in St. Ninian's Church Hall to serve the Ferguslie Area on 2nd February, 1948, and in Mossvale Church to serve the North end of the town on 30th May, 1949. These clinics each providing one clinic session per week have proved their worth and are no doubt a great benefit to the persons in the area.

The Town Council therefore at the end of 1952 was conducting 7 ante-natal sessions and 1 post-natal session.

There is no doubt that expansion must take place and that it must take place in the direction of population movement.

The Town Council are aware of this fact and they are making available premises in their shopping centres and other acquired buildings in each of their new housing developments at Hunterhill and Glenburn.

It is to be hoped that when these developments take place the Local Health Authority Services will become that part of community life which they are intended to be and that they will be regarded as Services which are there for giving advice on how to maintain health rather than just a refuge in which to seek help when ill-health of any kind arises.

During 1952 small Mothercraft Classes were instituted at ante-natal clinics and at these the Health Visitors and the Dietitian combined to interest mothers in the basic principles of ante-natal, post-natal and child care and food values. There is no doubt that these classes have created interest and it is hoped that they will expand and become a feature of the clinics which will be opened in new housing areas during 1953.

The statistics relating to these clinics are contained in Tables 10 and 11 of the Statistical Appendix to this Report.

Child Welfare Clinics.

At 5th July 1948 the Local Health Authority were already operating 8 child welfare clinic sessions per week - 7 at the Russell Institute and 1 at St. Ninian's Church, Ferguslie. On 30th May 1949, a further child welfare clinic session was added by establishing a clinic at Mossvale Church, Greenock Road. Since then the sessions have continued unaltered.

It has been obvious for some time now that, like ante-natal clinics and other services of the Local Health Authority, many mothers and their young children were deprived of the benefits of these Services by being at great distances from clinics and that it would be necessary to expand these Services into the new housing areas. It is hoped that during 1953 clinic premises will become available at Hunterhill and Glenburn.

Despite the fact that each person in the country was able, after 5th July, 1948, to have a doctor to look after him or her, there was not the great falling off in the attendances at child welfare clinics which might have been expected.

In 1938 73.3% of children born, and resident, within the Burgh attended clinics during their first year of life. During the war years and up to 1947 the average number was 65.7%. Since 1948 the figure has been 60%.

The statistics relative to Child Welfare Clinics for 1952 are given in Table 12 of the Statistical Appendix.

Day Nurseries. When these nurseries came into the Local Health Authority's Service under the National Health Service (Scotland) Act 1947, there were already available within the Burgh 160 places for pre-school children. The only significant change which has taken place since 1948 has been the acquisition of the Hugh Smiley Day Nursery by the Town Council and its coming under their direct control on 16th May, 1952. With this change, the administration of all the Nurseries now falls to the Town

Council through the Personal Health Committee and the Joint Committee for Day Nurseries has ceased to exist.

It is right that the great work carried out by the latter Committee during the very difficult years it was in existence should not go unrecorded. It is significant that the Committee established the first War-time Day Nursery in Scotland, that which still functions at Underwood, and thus continued in the fine tradition for Nursery work in Paisley, for in the Hugh Smiley Day Nursery we had the first Nursery built for the purpose, in the country.

Admissions to Day Nurseries are regulated by a priority system adopted by the Town Council in December 1948, the priority order being as follows:-

1. Children of working widows, or of widowers.
2. Children of working unmarried mothers.
3. Children whose mothers are ill and require prolonged hospitalisation, c.g. Tuberculosis.
4. Children of working mothers whose husbands, through disablement or illness can only work part-time or earn low wages.
5. Children whose mothers are ill and require short periods in hospital.
6. All other children - in such cases the amount of the father's income, the rent and sanitary condition of the house, the number of children in the family are all taken into account. Except in exceptional cases, children are not admitted whose fathers earn standard rates of wages.

There is no doubt that the Nurseries, operating as they do on such a priority basis, do provide a very useful social service.

During 1952 there were 130 admissions to the Day Nurseries and 89 children ceased to attend. These admissions and dismissals were as follows:-

	<u>Admissions</u>				<u>Dismissals</u>			
	Babies	Twonies	Toddlers	Total	Babies	Twonies	Toddlers	Total
Castle Street	20	16	14	50	12	10	18	40
Hugh Smiley	15	12	17	44	6	9	12	27
Underwood	18	5	13	36	3	3	16	22

The incidence of Infectious Diseases was as follows:-

	Scarlet Fever	Measles	Whooping Cough	Mumps	Chickenpox	Pneumonia	Dysentery
Castle Street	1	20	-	8	1	1	2
Hugh Smiley	1	6	-	4	1	-	-
Underwood	-	5	1	-	-	-	-

Further statistics relating to the Day Nurseries are given in Table 14 of the Statistical Appendix.

Residential Nursery. Chapel House Residential Nursery was opened on 20th September, 1950, and since that date 276 children have been accommodated and cared for.

It is true to say that this Nursery has filled a most useful role. It was primarily established to care for children of the following categories.

1. Young children of mothers about to be confined or admitted to hospital for medical or surgical treatment or who were ill at home and where it was not possible to cope with the children through other sources such as Day Nurseries or Domestic Help Service.
2. Illegitimate babies who required a few weeks care in such an establishment pending the adjustments in the rehabilitation of the mothers.
3. Motherless babies and babies deserted by their parents and supplementing the accommodation provided at the Children's Home.
4. Babies not fully thriving who were mainly in need of a few weeks dietetic care and recommended for admission by the Medical Officer in charge of the Child Welfare Clinics.

Confined to such cases, it was found from experience, that the number making use of the Nursery was very small and in time more long term cases were admitted, such as children of tuberculous parents, in order to give the mother, if she were tuberculous the time to get proper treatment and also as a protection to the child itself.

Since September 1952 when Woodside House Children's Home was destroyed by fire, Chapel House has taken on the care of the children under 5 years of age coming into the care of the Children Committee.

During 1952, 129 children were admitted to the Nursery and 113 were dismissed.

The reasons for these 129 children being admitted to the Residential Nursery were as follows:-

1. Mother going into hospital	- Confinement	44
	Surgical operation	26
	Sanatorium treatment	5
	Medical care	4
2. Child under par and requiring extra care and attention		2
3. Child deserted by one, or both, parents		15
4. Child awaiting adoption		2
5. Rehabilitation of unmarried mother		1
6. Homeless child		4
7. Death of parent		1
8. Transfers back from hospital		5
9. Transfers from Day Nurseries		4
10. Fire at Woodside House		16

An analysis of the 113 children dismissed from the Nursery during 1952 shows that the average length of stay per child was 5.2 weeks but details of length of stay are as follows:-

Under 1 week	5	7 - 8 weeks	4
1 - 2 weeks	23	8 - 9 "	4
2 - 3 "	29	9 - 10 "	6
3 - 4 "	15	10 - 11 "	2
4 - 5 "	8	11 - 12 "	1
5 - 6 "	2	12 - 13 "	4
6 - 7 "	3	14 - 15 "	1
		Over 16 "	6

The incidence of infectious diseases within the Nursery during the year was:-

Chickenpox	5.	Pneumonia	3.
Scarlet Fever	3.	Gastro-Enteritis	2.
Rubella 1.			

Further statistics relating to Chapel House Residential Nursery are contained in Table 15 of the Statistical Appendix.

Ancillary Services.

Prior to July 1948 the Town Council operated, in conjunction with its ante-natal, post-natal and child welfare clinics and its nurseries certain more specialised services which it had been felt were necessary for the treatment or prevention of well recognised disabilities or incipient disabilities, ascertained at these clinics. Thus, since 1948 they have continued to provide dental, artificial sunlight and orthopaedic clinics for all those attending their clinics and appearing to be in need of such specialised care.

There is one dental clinic a week and examinations and treatment are carried out by dentists employed by Renfrew County Education Committee in their School Dental Service. Up until the present only conservative dental treatment has been carried out by this Service but during 1953 a dental scheme will be instituted whereby expectant and nursing mothers and pre-school children will be able to receive the more radical form of dental treatment with the provision of dentures by arrangements which are being made with general practitioner dentists in private practice.

The artificial sunlight clinic is in operation every day of the week and apart from dealing with children referred from the Child Welfare Clinics also deals with cases from the Tuberculosis Physician and the School Medical Officers.

The details of the work undertaken at these Special Clinics is given in Table 13 of the Statistical Appendix.

The orthopaedic clinic to which pre-school children are sent is in fact that operated by Renfrew County Education Committee as part of the School Health Service.

In addition to these specialised clinics the Local Authority further implements its scheme for the care of mothers and young children by supplying Maternity Outfits free of charge for all expectant mothers who will be confined in their own homes and Layettes for necessitous and exceptional cases. During 1952 20 layettes were supplied to such cases.

Domiciliary Midwifery

This Service is a continuation of that set up in 1940 under the Maternity Services (Scotland) Act 1937. In July 1948 the establishment of midwives in this Service was ten and since that date the number has remained unchanged. As referred to in the previous section on "Joint Use of Staff" the Medical Supervisor of Midwives is a specialist in the hospital service and she is assisted by a Lay Supervisor of Midwives who is a practising midwife within the establishment of ten.

All the midwives have their own specific area of the town within which they work and as soon as a case is booked, the midwife, in whose area the case dwells, pays her first visit. In this way continuity of service is assured.

Since 1948 all midwives employed in the Service have been trained in the giving of analgesics and within the Service four sets of gas and air apparatus are available.

There is no doubt that these highly trained women give a very efficient service to the community, and a review of the births over the years from 1948 indicates that they conducted themselves, or along with general medical practitioners, all but 3% of the domiciliary confinements occurring within the Burgh. In fact they have conducted 23% of all confinements during these years, the other 74% having been conducted in hospitals or private nursing homes.

In recent years there has been much discussion on the domiciliary midwifery services of this country and under such controversial titles as "Hospital Midwifery versus Domiciliary Midwifery". To my mind domiciliary midwifery cannot be profitably discussed as a service in rivalry with the hospitals. Both have their proper place in a comprehensive health service and must be considered as complementary to each other. They must be co-ordinated and unified to provide safety to both mother and child. This is the most vital point of all in considering these Services, one against the other, and therefore it must always be assured that the service offered to a patient in her own

home is equal to that offered in hospital and not just a second best.

At present there is an increased demand for confinement in hospital and it is right that the efficiency of the domiciliary midwifery service should be emphasised in order to save beds in hospital being taken up by patients who do not require hospital treatment. Hospital accommodation need only be utilised when medical or certain social conditions such as insanitary or overcrowded housing exist. The selection of cases therefore for domiciliary midwifery rests first and foremost with the medical practitioners for in this way it is assured that medical reasons are given their right place in deciding whether or not confinement takes place at home. Both the medical practitioner and the midwife have a say in deciding the suitability or not of the home conditions for home confinement but the opinion of the midwife must be considered fully for in the majority of cases, it will be the midwife who will actually carry out the confinement.

The details of the work undertaken by the Domiciliary Midwifery Service during 1952, and an analysis of the births occurring within the Burgh during the year, are contained in Tables 16 and 17 of the Statistical Appendix. In brief, these tables indicate that during 1952, 72.6% (1250) of all births occurring in Paisley took place in a hospital or private nursing home and 27.4% (465) in the patient's home. Of the total confinements 25% (424) were undertaken by the domiciliary midwifery service and of these 92.6% (393) were undertaken by the midwife alone.

Health Visiting

When the National Health Service (Scotland) Act 1947 came into operation there were eight Health Visitors in the employment of the Town Council. At that time the establishment authorised by the Town Council was twelve and since then it has been increased to sixteen. There has, however, been great difficulty in attaining that figure as qualified Health Visitors have been very scarce. In 1949, however, the Town Council approved of the recommendation of the Health Committee that nurses who had had general and midwifery training should be engaged as temporary health visitors and, following a satisfactory probationary period, should be sent for training on the understanding that they gave at least two years service to the Authority after obtaining the Health Visitors' Certificate.

The conditions of service for such Temporary Health Visitors are as follows:-

1. They must be State Registered Nurses holding the C.M.B. Certificate. Preference will be given to Nurses whose homes are in or near Paisley.
2. They should be under 35 years of age and fit for admission to the Town Council's Superannuation Scheme. Permanent appointment as a Health Visitor will be subject to passing the usual medical examination for admission to the Superannuation Scheme.
3. They will be engaged in the first instance as temporary Health Visitors for a period of from six to eighteen months. If found suitable by the Medical Officer of Health, they must agree to take the first opportunity offered to them thereafter of taking the training for the Health Visitors' Certificate.
4. Prior to training, they must give an undertaking to give at least two years further service with the Town Council after gaining their Certificates. The cost of training will be borne by the employee.
5. Their salaries as temporary Health Visitors will be at the rate of £330 per annum with uniform allowance of £15 per annum and travelling expenses incurred on duty. The salary will continue to be paid during training.

6. In the event of such an employee failing to give at least two years further service to Paisley Town Council after training, she undertakes to repay to Paisley Town Council the salary paid during such training.
7. Written acceptance of appointment under these conditions will be deemed to include the granting of the foregoing obligations and undertakings.

The Scheme has been most effective in obtaining recruits to the Service and it has not been a stop-gap measure as the nurses who have come into the employment of the Council have pursued their duties with enthusiasm and have given complete satisfaction.

Under the Scheme six temporary Health Visitors have been engaged and five of these have completed the course and obtained their Health Visitors' Certificate. Unfortunately, due to illness, the remaining one has not yet completed the course.

While it is true to say that all members of the staff of the Health Department can contribute materially to the education of the public in health matters there are none more important than the health visiting staff. By going into the homes and by attending at clinics these nurses have the potential power to influence the whole family towards a way of life which will lead to better health and by their continued instruction, aid in the maintenance of that good health throughout life.

The Health Visiting Service was initially instituted for maternal and child welfare work and because of the great benefits which it has brought to mothers and children, has continued to devote most of its efforts to these persons. With the passing of the National Health Service (Scotland) Act 1947, the scope of the Health Visiting Service was considered suitable for widening to give advice on the care, not only of expectant and nursing mothers and young children, but also of persons suffering from illness and on measures necessary to promote health and to prevent the spread of infection. The difficulty which has been experienced in obtaining the services of suitably qualified nurses has however prevented the complete expansion of the Service to cover all categories envisaged in the Act, but it has been found possible

to allow Health Visitors to visit tuberculous persons who are resident in their areas and also certain old people and exceptional cases who are considered to be in need of special care and attention.

It is right, however, at this stage, when expansion is being considered and when there are limits to the qualified staff available, that progress is made slowly in order not to detract from the very excellent service which has already been given to the mothers and young children and which must continue.

Table 18 of the Statistical Appendix gives details of the visits paid by the Health Visitors during 1952 to various groups of the community. While the figures given there indicate, to some extent, the amount of work undertaken they can never reflect the constant care which is taken with one family or the valuable advice which is given, perhaps only on one occasion, but at the moment when it is most needed, to another family. As has been said already, this Service cannot be judged on figures alone, and certainly not on figures for the one year under review. It can only be assessed by the progress which is made from year to year and reflected in the general health statistics for the Burgh, and by the incalculable help which it brings to individuals through advice, perhaps on minor points, but which in the end all add up to produce the good health of the family and its happiness.

Home Nursing.

A Home Nursing Service has been operating in Paisley since 1883, provided by the Peter Brough District Nursing Association. From the 5th July, 1948, the Service was continued by the same Association on behalf of the Town Council but on 16th May 1952 the Service was taken over by the Town Council to be administered through the Public Health Department.

Changes in the Service since 1948 have, therefore, been purely administrative and the District Nurses employed have continued to give to the community the excellent and beneficial service which has always been associated with the "Brough Nurses".

Nine nurses are employed in this Service and they are under the supervision of a Superintendent. They are accommodated in a Nurses' Home which is admirably suited for the purpose.

Since 1948 the average annual number of cases cared for by the Service has been 740 and these cases have entailed 25,732 visits a year. These figures represent a considerable amount of work on the part of the Superintendent and the District Nurses but their efficiency in coping with it has been typical of that which we have come to expect, and know we will get, from nurses who are trained by the Queen's Institute of District Nursing.

The Service is available to any persons resident within the Burgh of Paisley whose doctor is of the opinion that such a service is necessary and who, on his recommendation, make application to the Medical Officer of Health or Superintendent.

During 1952, 788 patients were cared for by the Service and these cases entailed 25,070 visits. Further details of the Service are given in Table 19 of the Statistical Appendix.

Domestic Help

This Service was very fully reviewed by the Medical Officer of Health early in 1952 and the substance of that Report, which was submitted to the Town Council, is given below. The Report was accepted and the recommendations contained therein have now been implemented.

There can be no doubt that this Service, instituted by the Town Council of Paisley in 1946 has contributed materially to the health and welfare of the citizens and is fulfilling a most useful purpose. The growth of the Service is illustrated in the following table:-

Table I.

Year	Average No. of Domestic Helps employed monthly on the following basis.		Average No. of cases dealt with monthly according to the following type.				
	Part-time	Whole-time	Mater-nity	General Illness	Tubercu-losis.	Aged & Infirm	Total
1946 (Nov. & Dec. only)	-	4	-	1	-	3	4
1947	2	17	2	4	-	1	7
1948	3	18	4	4	-	2	10
1949	2	17	3	4	-	2	9
1950	2	20	6	9	4	13	32
1951	7	37	7	12	11	25	55
1952 (Jan. & Feb. only)	15	35	8	17	10	38	73

The Service was first introduced with the express purpose of helping out in the home where a confinement, sudden emergency, or illness of short duration had occurred and had upset the normal domestic routine but was likely to return to normal within a short period. The above Table, amplified by Table II below, points to the changing use of the Service and indicates how the increase in staff has, in the main, been brought about by the greater use being made of the Service by the long-term case.

Table II

Category of Cases under care on 29th February, 1952.	No. of Cases making use of the Service at 29th February, 1952, for										Total
	less than 7 days	-1 mth.	-2 mths.	-3 mths.	-4 mths.	-5 mths.	-6 mths.	-9 mths.	-12 mths.	-18 mths.	
Maternity	2										2
General Illness	3	1		1			1		2		8
Tuberculosis	2	1		1	3		1		1	1	10
Aged & Infirm	8	5	2		1	3	4	1	2	2	28
Total	15	7	2	2	4	3	6	1	5	3	48

This change in the Service does not detract from its usefulness and in the case of the Tuberculous and Aged, the placing of a Domestic Help in the home, goes far to alleviate the difficulties caused by the present limited hospital accommodation.

There is no doubt, however, that this increasing number of long-term cases does give rise to problems which must now be faced. At the present rate of taking on new cases, especially among the aged, the Service will soon become burdened and a greater increase in staff, with the resulting financial implications, will, of necessity, result.

In drawing the attention of the Council to these problems and offering a solution the opportunity is taken hereunder to review the Service as a whole and indicate other points which might well be dealt with at the same time.

General

- (1) Women employed as Domestic Helps give a good standard of work and are, all round, very satisfactory. There appears to be no need to change the present method of selecting Helps and it should be left to the Supervisor to employ them after she has visited them in their own homes and made enquiries from referees named.
- (2) Those Helps who work in Tuberculous households are all volunteers. When they are first employed in this work they are given instructions

on simple precautions which they can take to prevent the spread of infection and this, coupled with the advice given to the patient by the Tuberculosis Physician, the family doctor and the Health Visitor, should do much to minimize infection occurring. It is now suggested however that these workers should be offered an X-Ray examination at the outset and a re-examination yearly.

- (3) When application is made for a Domestic Help the home is always visited right away, so that a suitable Help can be detailed to the case. Occasionally, and mainly among the Aged, the home is found at this first visit to be in need of a good initial cleaning before one can expect it to be properly cared for by a Help. It is suggested that in such cases, and where the case is not suitable for Hospital or a bed cannot be obtained, the Help who is going to take on the case should receive assistance from another Help for the first day or two. Where the home is in such a state, due to lack of facilities which cannot be made good, then everything will be done to have the case removed to hospital.
- (4) The categories of cases to which Helps may be allocated are broadly:-

Maternity.
Tuberculosis.
General illness.
Aged and Infirm.

It will be appreciated that each of these categories calls for a different temperament or personality in the Help and, from experience, it has been found best to keep the Helps, best suited to the type of case, in that work while circumstances permit.

- (5) A few Helps, on first entering the Service, would appear to require tuition in the work they have to undertake. It is suggested that they be employed for a few days along with another Help who has had longer service.

(6) Maternity Cases

The average time allocated to this type of case is 10 days but where complications arise the period is extended but does not usually exceed 3 weeks. A full-time Help has always been required in these cases and no alteration is suggested in dealing with them.

(7) Tuberculosis Cases

Helps are allocated to this group on the recommendation of the Medical Officer of Health, Tuberculosis Physician or family doctor. In most cases it is the mother of a young family who requires the Help, and because constant care is necessary over a long period the Help is usually employed for several months on the same case. The ups and downs which these patients suffer and the presence of a young family make it impossible to depart from a full-time Help and substitute a part-time Help and the scheme must remain flexible as far as this category is concerned in relation to the time a Help is retained and the hours she works. To conserve staff a part-time Help will be employed whenever it is possible.

(8) General Illness.

Cases in this category are for the most part straightforward and of short duration. However several cases of a chronic nature such as paralysis, rheumatoid arthritis and heart disease do apply for the services of a Help. There must be flexibility of the scheme in relation to these cases too but for the most part they do not require the constant care called for by the Tuberculous person. It is suggested that when such cases apply for a Help they should only be given a full-time Help to carry them over the emergency and that at the earliest possible moment part-time service be instituted.

(9) Aged and Infirm.

It is this category which lays the greatest burden on the Service at the present moment and it is not likely to lighten in the near future. These persons can be classified broadly into 2 groups.

- (a) An old person, or persons, living alone with no relations.
- (b) An old person, or persons, living alone but with married families living comparatively near at hand.

Class (a) is entirely dependent on neighbours and the Service and while a full-time Help may be required at the beginning it is found from experience that very soon only part-time help need be employed, but that it may be required over a very long period. It is suggested therefore that for these cases full-time help should be employed up to a maximum of two months and that then, or earlier if possible, only part-time help should be given.

Many old people of Class (b) are in the same circumstances as Class (a) for although they have single or married sons and daughters their commitments do not allow them to devote much time to the old folks.

There are, however, those who shirk their responsibilities without good reason. It is suggested therefore that where an old person of this Class (i.e. Class (b)) makes application the circumstances of the relative should be fully investigated and, if in the opinion of the Supervisor, it is not possible for that relative to take care of the case e.g. a married daughter with a young family, or illness, the case be treated as Class (a), but should, in her opinion, the relative be free to devote some part of the day to the care of the old person then a full-time Help should only be placed until the relative has made arrangements and for no longer than 2 weeks and that thereafter part-time Help be given.

During 1952 the Service continued to undertake more and more work. The figures showing this work are contained in Table 20 of the Statistical Appendix to this Report.

Briefly, these figures illustrate the following points:-

1. That, on an average, 65 cases were cared for each month throughout the year - 37 cases receiving full-time help, 28 receiving part-time help.
2. That cases, classified as Aged, received more help, both full-time and part-time, than the other categories taken together.

3. That the percentages, which the various categories were of the total cases dealt with, were as follows:-

	Full-time	Part-time
Aged	51.4%	67.9%
General Illness	21.6%	21.4%
Tuberculosis	13.5%	7.1%
Maternity	13.5%	3.6%

4. That of the 134 new full-time cases in the year, 34 or 25.37% paid the full cost of the Service and of the 116 new part-time cases, 20 or 17.2% paid the full cost of the Service to them. The other cases paid for the Service according to the assessment made on their income.

There can be no doubt about the value of this Service, and the many letters and statements of appreciation which have been received are a constant source of pleasure to the Helps and to those who are responsible for the administration of the Service.

Vaccination and ImmunisationVaccination against Smallpox.

This procedure ceased to be compulsory with the introduction of the National Health Service (Scotland) Act 1947 and immediately after the Act came into operation there was a sharp decline in the number of infants vaccinated each year. In the immediate post-war years, 1946 and 1947, 47.1% and 46.8% respectively of the infants born in each of these years were vaccinated. In 1949 the percentage of infants vaccinated was 19.5% but during 1951 and 1952 there has been the suggestion of a return to better figures - 1951, 39.2% and 1952, 43.6%.

These figures must be improved. Smallpox is not the serious problem it once was in this Country, or still is in certain Asiatic and African areas, but that it can be imported into this Country and gives rise to much alarm, and serious illness, is well known. While it is not claimed that infant vaccination will protect a person throughout life it is amply proved that infant vaccination does make subsequent vaccination less troublesome.

Vaccination is available at all Child Welfare Clinics and at two special Vaccination and Immunisation Clinics which are held in the Russell Institute on Tuesday and Saturday mornings.

Immunisation against Diphtheria.

Since 1948 the Town Council have continued to offer facilities for immunisation against diphtheria and to seize every opportunity to publicise the value of such a procedure.

Each year since 1941, when immunisation was introduced on a large scale, the incidence of the disease has decreased and this is illustrated by the following figures.

Incidence and mortality of Diphtheria - 1938 to 1952

<u>Year</u>	<u>Cases Notified</u>	<u>Cases Confirmed</u>	<u>Deaths</u>
1938	435		23
1939	331		21
1940	662		38
1941	447		21
1942	276		6
1943	198		3
1944	147		1
1945	139		2
1946	116		2
1947	74	32	1
1948	78	15	0
1949	37	4	0
1950	22	1	0
1951	15	5	0
1952	20	3	1

The figures above need little comment and certainly give every encouragement to maintain the progress already made. From our experience in Paisley there can be no doubt about the efficiency of diphtheria immunisation in preventing death (all deaths since 1941 have been in unimmunised children) and disability from this disease, but as long as an appreciable number of children remain unimmunised deaths will occur among them, and, what is just as important, disablement will result from attacks of the disease which, while severe, do not result in death.

The overall figure for children (15 years and under) immunised within the Burgh has remained high throughout the past five years at about 78%. This figure by itself is a rather misleading one, for whereas about 95% of school children are protected by immunisation only about 46% of pre-school children have been immunised.

Therefore in an endeavour to increase the number of infants who are vaccinated against smallpox and the number of pre-school children who are immunised against diphtheria constant publicity is given to the subjects by leaflets, newspaper notices and letters, cinema slides and posters in clinics and shops. It is however through the day to day contact which all members of the Public Health Service have with parents and guardians that the real and substantial improvement will be made. To this end a system of "birthday letters", which has been in operation for some years, is continued. The letter is sent out to the parent of each child who has not been immunised to reach the home on the day of the child's first birthday and it emphasises the

value of immunisation. If no response is obtained from this letter a system of follow-up by the health visitors comes into operation.

Apart from persistently publicising the value of these procedures to children when they are at the infant or pre-school stage every effort is made to ensure that children entering upon their school life are given a boosting inoculation if immunised for the first time in infancy. For this purpose schools are visited annually and at the same time many children who have not been immunised receive their primary immunisation.

Details of vaccinations and immunisations carried out during 1952 are contained in Tables 21, 22 and 23 of the Statistical Appendix.

Prevention of Illness, Care and After-care.

Under Section 27 of the National Health Service (Scotland) Act 1947 ...

"a local health authority may with the approval of the Secretary of State, and to such extent as the Secretary of State may direct shall, make arrangements for the purpose of the prevention of illness, the care of persons suffering from illness or mental deficiency, or the aftercare of such persons, but no such arrangements shall provide for the payment of money to such persons, except in so far as they may provide for the remuneration of such persons engaged in suitable work in accordance with the arrangements."

Such a provision gives very wide powers and fields of work to the Local Health Authority but since 1948 the Authority have confined their work under this Section to the care of persons suffering from Tuberculosis and to certain preventive measures aimed against this disease.

Since 5th July 1948, substantial help has been given to persons suffering from Tuberculosis by providing beds, bedding and personal clothing and by granting a supply of milk when it has been certified by the Tuberculosis Physician that it is necessary in the proper treatment of the case. Since August 1951, however, personal clothing has not been given as at that time an agreement was reached with the National Assistance Board whereby the Board agreed to deal with applications for personal clothing and footwear prior to admission to hospital or sanatorium or after discharge therefrom, leaving the Town Council as the Local Health Authority to be responsible for the provision of bed and bedding.

It is under this section of the Act that the Town Council operate their scheme of B.C.G. Vaccination. It is true to say that since 1949, when B.C.G. vaccine was made generally available in this country to protect persons working and living in a tuberculous environment, the Council have viewed this procedure with a progressive outlook and have taken every opportunity to obtain supplies of vaccine so that it would be available to all vulnerable groups of the community.

In 1951 Paisley, together with Greenock and the County of Renfrew,

embarked on a scheme of B.C.G. vaccination of children approaching school-leaving age, and since that date over 1000 children have been vaccinated within the Burgh. Now the hope is that supplies of B.C.G. Vaccine will soon be available for infants and at the time of writing the final details of a scheme for such children are being discussed.

As it is within this section of the National Health Service (Scotland) Act 1947 that the Town Council undertake their share of the care of those suffering from Tuberculosis, it is right that the trends of the disease and the measures taken to combat it should now be reviewed before passing to other functions under the Act.

In Paisley, as well as throughout the whole Country, the rising incidence of new cases and deaths during the war years was viewed with concern but with the hope that a return to normal times would see the figures returning to the favourable trends of the late 'Thirties. But the rise continued. This is illustrated by the following figures:-

Incidence and Mortality.

Year	Notifications			Deaths			
	Number of Cases			No. of deaths		Rate per 1,000 population	
	Respira- tory	Non- Respira- tory	New Cases of Respira- tory dis- ease per 1,000 population	Resp- ira- tory	Non- Resp- ira- tory	Respira- tory deaths	Deaths from all forms of Tuberculosis
1938	92	36	1.00	49	10	0.54	0.65
Yearly Aver- age 1939 to 1945 (incl)	134	54	1.50	70	26	0.78	1.08
1946	166	35	1.82	80	12	0.88	1.01
1947	162	41	1.68	97	22	1.01	1.24
1948	174	40	1.80	95	16	0.99	1.15
1949	196	22	2.03	67	8	0.70	0.78
1950	203	20	2.09	67	8	0.69	0.77
1951	194	18	2.06	49	8	0.52	0.61
1952	132	24	1.40	46	3	0.49	0.52

At the end of 1950 the incidence figures for Respiratory Tuberculosis in the Burgh were most alarming. Notified new cases during 1950 numbered 203 (2.09 per 1,000), the highest figure on record and fully double that for 1938 which was the lowest on record for the Burgh at 92 cases (1.00 per 1,000).

At that time it was apparent that Non-Respiratory Tuberculosis was not a serious problem and that it was not the factor which was contributing to the Tuberculosis problem. Faced, therefore, with this problem of Respiratory Tuberculosis, the Town Council in 1951 convened a Conference of Local Authorities, and other statutory bodies in the County of Renfrew interested in the problem, and from the Conference there arose a concerted and determined effort to deal with the rising incidence of the disease. The measures which resulted from the meeting have been discussed fully in previous Annual Reports from this Department.

In 1951 new cases of Respiratory Tuberculosis notified numbered 194 (2.06 per 1,000) and in 1952 they dropped to 132 (1.4 per 1,000). This represents a fall of 4.4% in 1951 and 34.8% in 1952 when compared with the figure for 1950. This is a remarkable fall, and while there may be other areas where a similar fall has occurred, the only one about which figures are available is the City of Dundee which had a fall of 33.3% when 1952 is compared with 1950.

The mortality from Respiratory Tuberculosis during 1950, while serious, was not quite so alarming at 0.70 per 1,000 of population. The trend was downwards in keeping with other areas and it continued so, so that in 1951 the death rate from Respiratory Tuberculosis was 0.52 per 1,000 of population and in 1952 0.49 per 1,000 of population. Both these figures are below the 1938 rate and that for 1952 is the lowest on record for the Burgh.

It is not possible to pinpoint the cause of the dramatic fall in notified new cases of Respiratory Tuberculosis during 1952. Suffice it to say that since 1951, when attention was focussed on the acuteness of the problem, all the authorities have taken determined action. The Department of Health for Scotland, the Hospital and Specialist Service and the Local

Health Authority have co-operated closely in making available any measure which it has been felt would be of use in fighting the disease, and each has contributed substantially within the limits at present imposed upon it.

While the figures for 1952 are heartening there can be no complacency or letting-up on measures against Tuberculosis. To emphasise this point I would underline three facts;

1. Although we have experienced a dramatic fall in new cases during 1952 the number still remains above that for 1938 which at 92 cases was the lowest on record.
2. With the increase in new cases which there has been during the war and post-war years and the decrease in mortality due to improved treatment, the "reservoir" of known cases of Respiratory Tuberculosis within the Burgh has increased from 326 (3.5 per 1000) in 1939 to 813 (8.6 per 1000) in 1952. This is illustrated by the following figures:-

Known Cases within the Area and on Tuberculosis Register.

	<u>Respiratory Tuberculosis</u>	<u>Non- Respiratory Tuberculosis</u>	<u>Total</u>
At 31st December; 1939	326	255	581
1940	339	217	556
1941	336	196	532
1942	309	180	489
1943	317	187	504
1944	362	203	565
1945	431	192	623
1946	439	221	660
1947	466	186	652
1948	547	212	759
1949	611	184	795
1950	761	161	922
1951	781	88	869
1952	813	109	922

3. The death-rate from Respiratory Tuberculosis, although decreasing is still high when compared with the 1952 figures for other areas, e.g.

Scotland	0.27	per 1000	of population	
Large Burghs	0.31	"	"	"
Glasgow	0.49	"	"	"
Edinburgh	0.26	"	"	"
Aberdeen	0.20	"	"	"
Dundee	0.22	"	"	"

The following are some of the other facts which emerge in reviewing the position of Tuberculosis within the Burgh.

Treatment The most disturbing feature at the end of 1950 was the size of the waiting list for in-patient treatment and the length of time many had to wait before admission. At the end of 1950 there were 69 persons awaiting admission and 48 had been waiting more than 6 months. This was not the largest number for at the end of 1951, 81 persons were awaiting admission, but by 31st December 1952 the waiting list had been reduced to the comparatively low figure of 30 and 10 had been waiting more than 6 months.

During 1951 an additional physician was appointed to the staff of the Area Supervising Tuberculosis Physician in order to allow more domiciliary work to be carried out by specialists and it is hoped that this arrangement, which gives three half-days to the Burgh of Paisley, will have its reward in the earlier treatment of patients in their homes if hospital beds are not available.

Rehousing of Tuberculous Families. The Town Council have always recognised the value of the proper housing of persons suffering from Tuberculosis, not only in so far as it benefits the patient, but also in preventing the spread of infection to other members of the family and to the community. To exert its maximum effect rehousing of tuberculous families into suitable houses must be carried out at the moment the disease is diagnosed. This is an ideal which has not been possible in the post-war years but great help has been given and the undernoted figures show the progress which has been

made, in very difficult times.

<u>Waiting list</u>	7th August 1948	266
	31st December 1950	224 (176 respiratory)
	31st December 1951	167
	31st December 1952	128 (108 respiratory)

Families rehoused - 1948 - 50

1949 - 56 (including 35 of special allocation)

1950 - 80 (" 18 " " ")

1951 - 110 (" 22 " " ")

1952 - 84

At the moment 25% of houses for letting are allocated to families on the Tuberculosis priority list. It is hoped that this fairly substantial allowance, coupled with a fall in the incidence of the disease, will in time allow the Town Council to be in a position to offer a suitable house to any Tuberculous family who requires it immediately the disease is diagnosed. It does not seem that this happy position will be reached in one or two years for although the priority list at 31st December 1952 was 128 it must be remembered that as well as taking families off the list because they have been rehoused, new families are being added. This is illustrated by a study of the priority list during 1952:-

No. of applicants on list at 31st December 1951	167
No. rehoused	84
No. of applications cancelled	40
No. of applications added to the list	85
No. of applicants on list at 31st December 1952	128
Total reduction in list	39

B.C.G. Vaccination.

Up until the beginning of 1952 B.C.G. Vaccination had been applied to Nurses and Contacts only. During 1952 the Town Council's Scheme for Vaccination with B.C.G. of children approaching school-leaving age was put into operation. The preliminary work carried out on this Scheme and the technical details which were agreed with the Advisers to the

Department of Health for Scotland have been given fully in my Report for 1951. There is no need to reprint these facts but it must be recorded that, after carrying through two years work in Schools, it has been emphasised over and over again that the great amount of preliminary thought and work expended on the Scheme has been very much worth while and has given a good basis to what must be regarded, in this Country at least, as pioneer work.

During 1952, two groups of school-leavers were dealt with; (a) children of school leaving age in the 1951-52 school session and (b) children of age 13 years and over in the 1952-53 school session. Only the first group went through the whole range of pre-vaccination test, Vaccination, and post-vaccination test. The second group, commencing late in September 1952, had not received their post vaccination tests before 31st December, 1952. The facts which are now given are therefore related to the first group, and do not include the second group, which was not completed before the end of the year.

The statistics appertaining to these children of school session 1951-52 are:-

No. of school-leavers to whom Scheme applied	1,188
No. of Consents received	810
No. of Consents tested and read	636
No. of Positive Reactors to Tuberculin Test	399
No. of Negative Reactors to Tuberculin Test	237
No. vaccinated with B.C.G.	229
No. of Positive Reactors after Vaccination	229.

The difference of 8 between Negative Reactors and actual number vaccinated with B.C.G. is due to 8 contacts of tuberculous persons having been tested but referred to the Area Supervising Tuberculosis Physician for vaccination.

It was originally intended that all testing and vaccinating would be carried out at the Schools during school hours, but very early on it became evident that the rigid timetable made necessary by the strict technical

requirements imposed, was giving rise to a fairly high defaulter rate. To gather in those defaulters it was decided to institute special sessions at the Russell Institute on Saturday mornings and Tuesday evenings and to call to those sessions, at the same time, children who had left school early in the session and before the work at the schools began on 21st January, 1952. Therefore, although the bulk of the work done was carried out at Schools (475 tested and read and 184 vaccinated) many (161 tested and read and 45 vaccinated) who would have been missed were dealt with by holding the special clinic sessions.

Despite those measures the defaulter rate over the period was 21% of Consents and this was due to various reasons, for example, children having left school after consent was given and not attending at special clinics when called; children tested but having left school or absent at time of reading and not responding to further efforts to call them to special sessions. Such experience pointed to the need to commence testing and vaccinating as early as possible in the school session and this was in fact done with the second group of children who were dealt with in session 1952-53.

On the whole the work done in the first year of the Scheme can be regarded as satisfactory. That 68% of parents, whose children were about to leave school, should be in favour of this new protective measure is very encouraging and an index of the interest the parents of this Town have in the health of their children. Also during the work the members of the Testing and Vaccinating Team accumulated much valuable administrative and clinical matter which will be of great importance in planning and carrying out this Scheme in the future.

It will be some years before the real value of this form of Vaccination can be gauged but it is evident from our experience of having carried out 3295 Mantoux Tests and 933 vaccinations among suitable school leavers, that these procedures are without danger to the health of the child. This is a most important point for any parent, before submitting his or her child to vaccination, will undoubtedly ask

if there are any dangers associated with the procedure. This fact, coupled with the very impressive tuberculosis statistics from the Scandinavian countries, where great credit is given to B.C.G. Vaccination, must surely place the procedure well to the fore in any campaign which has as its object the prevention of this dread disease.

Further statistics related to Tuberculosis and B.C.G. Vaccination for the year 1952 are contained in Tables 5, 6, 7, 8 and 24 of the Statistical Appendix.

Mental Health

The Mental Health Services of the Local Health Authority under the National Health Service (Scotland) Act 1947 are a responsibility of the Personal and Mental Health Committee of the Town Council and it is to this Committee that the Medical Officer of Health and the Executive Officer of the Social Service Department report regularly. This Committee, when considering matters related to mental health, have the benefit of the experience of three co-opted members who have special knowledge of this aspect of health. There is no doubt that this close link between personal and mental health is most valuable, for apart from preventing the problems of the mentally ill and the mentally handicapped being considered apart from the more general health problems of the community which come before the Health Committee, it serves to focus attention on the part which the personal services can play in creating better mental health and thus help considerably in the prevention of mental ill-health.

The Medical Officer of Health and his Depute and two experienced members of the Social Service Department act as Authorised officers to deal with the certification and removal of persons of unsound mind and mental defectives. The duties of the Authorised Officer which are fully implemented in this area are as follows:-

1. To receive complaints that persons are suffering from insanity and require to be dealt with for their own safety and that of others.
2. To call upon medical practitioners to examine such persons and, if necessary, have issued the proper certificates under the Lunacy Acts.
3. To present Petitions to the Sheriff.
4. To arrange for the removal of patients to mental hospitals.
5. To take steps to safeguard the property of any person admitted to a mental hospital or an Institution for mental defectives.
6. To take action under the Mental Deficiency Act on the notification by the Education Committee of such cases as (a) children whose mental disability is such that they cannot suitably be educated or trained in association with other children and (b) children who may

possibly require care and supervision after leaving school. Information about defectives over 16 years of age, and who require to be dealt with by the Local Health Authority is obtained from doctors, welfare workers, Courts, relatives, friends and the public. It is the duty of the Authorised Officer to maintain a close liaison with all agencies within the area and to arrange for the appropriate medical advice to be obtained in dealing with any case.

7. To arrange for the certification of mental defectives and obtain the sanction of the General Board of Control or a Judicial Order of the Sheriff for committal of any patient to a Certified Institution or to a guardianship.
8. To arrange for the necessary maintenance expenses and clothing to be provided by the Town Council when a patient is committed to guardianship and to visit such patients regularly to see that they are properly cared for.

The Offices of the Public Health Department have also a resident caretaker who is experienced in dealing with lunacy cases and he acts as Removal Officer. In this matter of removing persons to Mental Hospitals the Local Authority have an agreement with the Hospital Board whereby the Removal Officer accompanies patients to hospital and, where the need arises, Health Visitors are employed on such duties if considered necessary in the case of female patients. Recently difficulty was experienced in the removal of an unmanageable patient and since then the Hospital Board have agreed to supply trained persons from one of their hospitals should help be required in the future. The Local Health Authority also co-operates with the Western Regional Hospital Board and the Board of Management for Renfrewshire Mental Hospitals regarding domiciliary visits by psychiatrists to suspected cases of mental instability and it also refers cases to the Clinic for Nervous Disorders which is administered by the Hospital Board.

The provision of training and occupation for mental defectives under Section 51 of the National Health Service (Scotland) Act 1947 has been delegated to the Voluntary Association for Mental Welfare (Paisley and District)

There is one Occupation Centre for males which has an average attendance of 22 and one for females with an average attendance of 13. There are two instructors and one instructress employed in these Occupation Centres and in addition one visitor/instructress is employed for the home bound. Also there are numerous voluntary workers who carry out visits to the many and varied cases which are known to the Association and their work is co-ordinated by a full-time salaried Case Secretary.

For the purposes of Section 27 of the National Health Service (Scotland) Act 1947 the Local Health Authority co-operate with the Voluntary Association for Mental Welfare (Paisley and District) in the after care of mental defectives and the comprehensive case work which this Association carries out is most valuable.

During 1952, 84 cases (35 males and 49 females) of mental illness were admitted to hospital, 45 (20 males and 25 females) of whom were certified.

Also during the year 9 cases (6 males and 3 females) of mental deficiency were certified, and 7 cases (4 males and 3 females) were admitted to an Institution.

It was found necessary to re-certify 1 male mental defective attaining the age of 16 years and 3 males were placed under guardianship.

One very disturbing feature of the Mental Health Service which has become more and more apparent each year since 1948, is the increasing difficulty there is in getting cases of mental deficiency placed in suitable accommodation once they are certified. This would appear to be not just a local problem but also a national one. If that is so, then the difficulties of, and the hardships created by, the local cases which come to mind and which have been going on for several years must, when multiplied many times represent a considerable amount of unwarranted hardship with its incalculable adverse influence on family life throughout the length and breadth of this Country. The Town Council are aware of the position and have already taken steps to bring the facts to the attention of the Bodies concerned.

Work under Nurseries and Child-Minders' Regulation Act 1948

The Nurseries and Child-minders Regulation Act, 1948 came into operation on 30th July 1948. This Act empowers local health authorities to supervise (i) nurseries where children up to school age are looked after for a day or for longer periods not exceeding six days and (ii) persons who, for reward, undertake the care of children under the age of 5 years for similar periods.

At the end of 1952, no applications for registration had been made to the Town Council.

School Health Service

On 16th March, 1949, the Town Council became the agents of Renfrew County Education Committee for the routine work of the School Health Service within the Burgh and this they do by employing medical, nursing and clerical staff specifically appointed for these duties. During 1952 the agreed arrangements continued to operate satisfactorily and Table 25 of the Statistical Appendix contains some facts on the work carried out during the school session 1951-52 within the Burgh of Paisley.

Work under the National Assistance Act.

Under the provisions of the National Assistance Act 1948, the Town Council are required to provide accommodation for aged and infirm persons within their area who cannot be adequately looked after either in their own homes or by relatives. In June 1951, Spiersfield House was opened as an Old People's Home to accommodate 25 persons and although the arrangement was for 18 females and 7 males it was felt that it was a flexible allocation of the accommodation between the sexes depending upon the demand for care.

The statistics relative to Spiersfield House during 1952 are:-

Admitted		Discharged		Transferred to Hospital		Died		On leave	
Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
6	13	1	-	2	3	2	1	1	6

Apart from those resident in Spiersfield House, other old people were cared for in such places as:- Residential Accommodation, Royal Alexandra Infirmary Annexe, Craw Road; Gleniffer Home; Flanders House; and with other Local Authorities.

In addition to the aged and infirm the Town Council are responsible, in whole or in part, for the care of certain handicapped persons in the Royal Alexandra Infirmary Annexe, Craw Road; the Epileptic Colony, Bridge of Weir; Cairnhill Home, Airdrie; and in various other local authority Institutions.

At the end of the year the Registers, which are maintained for certain categories of handicapped persons, showed the following figures.

No. of registered Blind Persons	167
No. of Deaf and Dumb Persons	60
No. of Physically Handicapped Persons (i.e. cripples)	75

Under Section 47 of the National Assistance Act 1948 power is given to local authorities to remove to suitable premises for care and attention any persons "who are suffering from grave chronic diseases or being aged, infirm or physically incapacitated are living in

insanitary conditions and are unable to devote to themselves and are not receiving from other persons, proper care and attention". Although several old people in such circumstances were reported to the Medical Officer of Health during the year it was necessary, in only one case, to invoke the Act as all cases were dealt with by persuasion and material help from the Sanitary, Welfare and Public Health Departments and accepted care and attention voluntarily.

Another provision of the National Assistance Act is the power it gives to local authorities to care for and protect the property of persons admitted to hospitals or other institutions. During 1952, 8 cases were dealt with.

Thirteen burials of persons who had no relatives willing and able to bury them were carried out during the year.

Health Education

There is little comment to be made on the subject of health education beyond the fact that the whole personnel of the Health Department is engaged in this work, day in day out, in the ordinary course of their duties which bring them into contact with children and adults in schools and clinics and also in their own homes. Therefore, although it has not been specifically stated, each of the Services reported on in the preceding pages have their part to play in the education of the citizen in the ways of life which lead to good health. In fact it is incumbent upon all who work in the health services of this country or who, being outwith the personnel of these services, are interested in the health of the nation, to seize every opportunity which is presented to them to disseminate the knowledge which helps to achieve health and maintain it. Also in seeking that objective they must not confine themselves to the narrow conception of health, which is freedom from physical disability, but to the much wider object of physical, mental and social well being.

During 1952, in order to supplement the basic work in health education carried out within the local authority's Services, talks and film shows were given to small groups of selected audiences and visits to the Russell Institute were arranged for parties interested in the work. This has entailed a certain amount of evening work by the medical and nursing staff of the department but it has been considered very much worth while for in Women's Guilds, Men's Clubs and Youth Organisations, there is a great potential for the further dissemination of the facts which when acted upon, lead to better health. The facilities and the help which these organisations have given to the Public Health Department in their task of educating the citizen in the ways which lead to good health are very much appreciated.

At these evening meetings and all clinics leaflets on health subjects have been distributed and posters exhibited. In this field the ever ready help of the Scottish Council for Health Education must be acknowledged.





Statistical Appendix





Table No. 1.

Vital Statistics

	1951	1952
<u>POPULATION AND AREA</u>		
Population, estimated at 30th June	93,838	94,500
Population, 1951 Census	93,704	-
Area of Burgh in Acres	6,369	6,369
Density of Population per Acre	14.73	14.83
<u>BIRTHS</u>		
Total Live Births (including illegitimate Births)	1,600	1,602
Males	801	809
Females	799	793
Birth Rate per 1,000 of population - Paisley	17.1	17.0
Scotland	17.7	17.7
Large Burghs	17.8	18.4
Total <u>Illegitimate Births</u>	67	51
Illegitimate Birth Rate per 100 live births -		
Paisley	4.2	3.2
Scotland	5.1	4.8
Large Burghs	5.1	3.9
Total <u>Still-Births</u>	52	46
Still-Birth Rate per 1,000 all births -		
Paisley	31	28
Scotland	27	26
Large Burghs	27	28
<u>DEATHS</u>		
Total deaths - <u>All Causes</u>	1,195	1,127
Death Rate per 1,000 of Population -		
Paisley	12.7	11.9
Scotland	12.9	12.0
Large Burghs	13.0	11.5
Total deaths from <u>Tuberculosis - All forms</u>	57	49
Tuberculosis Death Rate (All forms) per 1,000 -		
Paisley	0.61	0.52
Scotland	0.43	0.32
Large Burghs	0.53	0.35
Total deaths from <u>Respiratory Tuberculosis</u>	49	46
Respiratory Tuberculosis Death Rate per 1,000 -		
Paisley	0.52	0.49
Scotland	0.37	0.27
Large Burghs	0.46	0.31
Total deaths from <u>*Epidemic Diseases</u>	16	8
Epidemic Diseases Death Rate per 1,000 -		
Paisley	0.17	0.08
Scotland	0.22	0.08
Large Burghs	0.2	0.07
Total <u>Infant Deaths</u>	72	74
Infant Mortality Rate per 1,000 live births -		
Paisley	45	46
Scotland	37	35
Large Burghs	39	37
Total <u>Neonatal Deaths</u>	45	56
Neonatal Death Rate per 1,000 live births -		
Paisley	28	35
Scotland	22	22
Total <u>Maternal Deaths</u>	3	1
Maternal Death Rate per 1,000 all births -		
Paisley	1.81	0.60
Scotland	1.1	1.0

* Typhoid fever, Cerebro-spinal fever, Scarlet fever, Whooping Cough, Diphtheria, Influenza and Measles.

Table No. 2.
Analysis of Deaths 1952.

	Actual Deaths	Percentage of Total Deaths
<u>Systemic Diseases</u>	<u>1,003</u>	<u>88.86</u>
Heart Disease	376	33.36
Cerebral Haemorrhage and Thrombosis	170	15.08
Other Circulatory Diseases	31	2.75
Malignant Disease	182	16.14
Tumour (non-malignant)	1	0.08
Pneumonia	24	2.12
Bronchitis	55	4.88
Other Respiratory Diseases (excluding Tuberculosis)	11	0.97
Diseases of the Nervous System	11	0.97
Diabetes Mellitus	7	0.62
Gastric and Duodenal Ulcer	8	0.70
Appendicitis	2	0.17
Diseases of the Liver	12	1.06
Other Diseases of the Digestive System	13	1.15
Nephritis	6	0.53
Other Diseases of the Genito-Urinary System	16	1.41
Diseases of the Skin and Locomotor System	4	0.35
Other General Diseases	12	1.06
Acute Rheumatism	2	0.17
Old Age	6	0.53
Suicide	5	0.44
Violence - Road Accidents	12	1.06
Others	34	3.01
Cause ill-defined	3	0.26
<u>Infectious and Contagious Diseases</u>	<u>65</u>	<u>5.73</u>
Respiratory Tuberculosis	46	4.08
Non-respiratory Tuberculosis	3	0.26
Influenza	6	0.53
Syphilis and Sequelae	5	0.44
Whooping Cough	1	0.08
Diphtheria	1	0.08
Other Infectious and Parasitic Diseases	3	0.26
<u>Diseases of Infancy other than Infectious</u>	<u>58</u>	<u>5.13</u>
Congenital Malformation	15	1.33
Birth Injuries and Atelectasis	21	1.86
Pneumonia of the Newborn	1	0.08
Other diseases	21	1.86
<u>Diseases associated with Pregnancy</u>	<u>1</u>	<u>0.08</u>
Puerperal Sepsis	-	-
Other Puerperal Causes	1	0.08

Total 1,127

Table No. 3

Deaths in the various Age Groups

	Actual Deaths	Percentage of all Deaths
Under 4 weeks	56	4.9
4 weeks upwards	18	1.7
1 year "	9	0.8
5 years "	7	0.6
10 " "	3	0.3
15 " "	20	1.7
25 " "	29	2.6
35 " "	47	4.2
45 " "	76	6.7
55 " "	204	18.2
65 " "	293	25.9
75 " "	294	26.1
85 " "	71	6.3

Table No. 4

Incidence of Notifiable and Non-Notifiable Infectious Diseases

	Under 1 year	1 yrs	5 yrs	15 yrs	25 yrs	35 yrs	45 yrs	65 yrs & over	T	Cases removed to Hospital
<u>NOTIFIABLE</u>										
Cerebro-spinal fever	3	-	-	-	-	-	-	-	3	3
Cholera	-	-	-	-	-	-	-	-	-	-
Continued fever	-	-	-	-	-	-	-	-	-	-
Diphtheria	-	1	1	2	-	-	-	-	4	4
Dysentery	-	6	2	4	1	-	1	-	14	9
Encephalitis Lethargica	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	3	1	11	1	16	7
Jaundice, Acute Infective	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	1	-	-	-	-	1	-
Ophthalmia Neonatorum	7	-	-	-	-	-	-	-	7	-
Plague	-	-	-	-	-	-	-	-	-	-
Pneumonia, Acute Influenzal	-	-	-	-	-	-	-	-	-	-
Pneumonia, Acute Primary	73	81	49	15	23	24	66	31	362	344
Poliomyelitis	-	-	-	-	-	-	-	-	-	-
Puerperal Fever	-	-	-	1	1	-	-	-	2	1
Puerperal Pyrexia	-	-	-	1	2	-	-	-	3	2
Scarlet Fever	2	75	105	8	-	1	-	-	191	158
Tuberculosis, Respiratory	-	5	7	41	29	23	23	4	132	89
Tuberculosis, Non-respiratory	1	3	8	4	5	2	-	1	24	20
Typhoid Fever	-	-	-	-	-	-	-	-	-	-
Paratyphoid A	-	-	-	-	-	-	-	-	-	-
Paratyphoid B	-	-	1	-	-	-	-	1	2	2
Typhus	-	-	-	-	-	-	-	-	-	-
Whooping Cough	6	46	44	-	-	1	-	-	97	7
<u>NON-NOTIFIABLE</u>										
Chickenpox	5	31	250	-	1	-	-	-	287	14
Measles	3	62	193	-	-	-	-	-	258	12
Mumps	-	4	95	-	1	-	-	-	100	1
Pneumonia (other than above)	3	5	4	-	-	-	-	-	12	11
Totals	103	319	759	77	66	52	101	38	1515	684

Table No. 5

Tuberculosis - Notifications by Age and Sex.

		Under 1 year	1 - 4 yrs	5 - 9 yrs	10 - 14 yrs	15 - 19 yrs	25 - 34 yrs	35 - 44 yrs	45 - 64 yrs	65 yrs. and over	Total
Respiratory	Males	-	1	2	-	19	7	12	19	3	63
	Females	-	4	1	4	22	22	11	4	1	69
	Total	-	5	3	4	41	29	23	23	4	132
Non- Respiratory	Males	-	2	1	1	-	2	2	-	1	9
	Females	1	1	4	2	4	3	-	-	-	15
	Total	1	3	5	3	4	5	2	-	1	24
Respiratory and Non- Respiratory	Males	-	3	3	1	19	9	14	19	4	72
	Females	1	5	5	6	26	25	11	4	1	84
	Total	1	8	8	7	45	34	25	23	5	156

Table No. 6

Tuberculosis - Age and Sex Distribution of all known Cases within
the Burgh at 31st December, 1952.

		Cases in Age Groups									Total
<u>RESPIRATORY</u>		Under 1 year	1 - 4 yrs	5 - 9 yrs	10 - 14 yrs	15 - 19 yrs	25 - 34 yrs	35 - 44 yrs	45 - 64 yrs	65 yrs and over	
Sputum or other material examined and tubercle bacilli found	Males	-	-	2	1	30	61	40	52	6	192
	Females	-	-	1	2	66	71	32	15	-	187
Sputum or other material examined but no tubercle bacilli found	Males	-	3	10	4	53	60	39	42	3	214
	Females	-	5	8	7	72	72	38	16	2	220
Sputum or other material not examined	Males	-	-	-	-	-	-	-	-	-	-
	Females	-	-	-	-	-	-	-	-	-	-
Totals		-	8	21	14	221	264	149	125	11	813
<u>NON-RESPIRATORY</u>											
Abdominal	Males	-	-	2	1	-	-	-	-	-	3
	Females	-	-	1	-	-	5	-	-	-	6
Spine	Males	-	2	1	3	4	5	1	1	-	17
	Females	-	-	4	1	4	5	1	1	-	16
Bones & Joints (excluding spine)	Males	-	2	7	5	5	3	2	-	-	24
	Females	-	1	5	2	5	3	-	1	1	18
Superficial Glands	Males	-	1	-	-	1	1	-	1	-	4
	Females	-	-	1	-	2	1	1	-	-	5
Lupus	Males	-	-	-	-	-	-	-	1	-	1
	Females	-	-	-	-	-	-	-	-	-	-
Other parts and organs	Males	-	1	-	-	1	1	2	-	-	5
	Females	1	1	1	1	3	1	-	2	-	10
Totals		1	8	22	13	25	25	7	7	1	109
Respiratory and Non-Respiratory Totals		1	16	43	27	246	289	156	132	12	922

Table No. 7

Tuberculosis - Number of Persons who died from Tuberculosis within the Burgh during 1952 with particulars of period elapsing between notification and death and between discharge from an Institution and Death.

	Respiratory		Non-Respiratory	
	Males	Females	Males	Females
Not notified or notified only at death	2	3	1	-
Notified less than 1 month before death	2	3	-	1
Notified from 1 - 3 months before death	2	-	-	-
Notified from 3 - 6 months before death	3	1	-	-
Notified from 6 - 12 months before death	2	3	-	-
Notified from 1 - 2 years before death	2	1	-	-
Notified over 2 years before death	7	13	-	-
	20	24	1	1
No. who died within 28 days after discharged from Institution	-	-	-	-
No. who died more than 28 days after discharge from Institution	3	9	-	-

Table No. 8

Tuberculosis - Number of Cases which received treatment in Sanatoria during the year.

			Number of Patients				
			In Sanatoria on 1.1.52	Admitted during year	Discharged during year	Died in Sanatoria	In Sanatoria on 31.12.52
Respiratory	*Adults	Males	58	77	82	9	44
		Females	58	63	73	5	43
	Children	Males	4	2	4	-	2
		Females	8	2	7	-	3
Non Respiratory	*Adults	Males	3	3	4	-	2
		Females	15	10	10	1	14
	Children	Males	6	1	1	-	6
		Females	1	7	2	-	6
Totals			153	165	183	15	120

* Note:- All patients of 15 years and upwards are classified as Adults.

Table No. 9Venereal Diseases - Cases treated
at Special Treatment Centre.

Age in Years	Syphilis		Gonorrhoea		Soft Sore		Non- Specific Venereal Infection		Conditions other than V.D.		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Under 1 yr.	-	-	-	-	-	-	-	-	-	-	-	-
1 - 4	-	1	-	-	-	-	-	-	-	-	-	1
5 - 14	-	-	-	-	-	-	-	-	-	-	-	-
15 - 24	-	-	6	4	-	-	2	2	8	-	16	6
25 - 34	2	2	11	-	-	-	6	-	16	7	35	9
35 & over	7	4	10	-	-	-	3	1	18	3	38	8
Total New Cases	9	7	27	4	-	-	11	3	42	10	89	24
Total Attendances Old and New Cases	494	616	278	35	-	-	170	23	184	53	1126	727

Table No. 10Maternal and Child Welfare Service - Antenatal Consultations

	Russell Institute Clinics	Ferguslie Clinic	Mossvale Clinic	Total
No. of Expectant Mothers attending	861	149	96	1106
Made up:- New Cases	679	123	63	865
Re-attending	182	26	33	241
Total No. of attendances	4738	726	478	5942
No. of cases referred to Antenatal Wards of Hospitals	24	4	1	29
No. of cases treated at Clinic	837	145	95	1077
Source of New Cases:- General Medical Practitioner	387	38	24	449
Midwife	5	-	-	5
Health Visitor	6	-	-	6
Own Accord	281	85	39	405

Table No. 11Maternal and Child Welfare Service - Post Natal Consultations

Total No. of Cases attending	151
Made up:- New Cases	151
Re-attending	-
Total Attendances	273

Table No. 12Maternal and Child Welfare Service - Child Welfare Consultations

	Russell Institute Clinics	Ferguslie Clinic	Mossvale Clinic	Total
No. of Children attending;				
<u>Under 1 year</u>	770	177	98	1045
Made up:- New Cases	586	146	75	807
Cases Re-attending	184	31	23	238
No. of attendances	3964	672	468	5104
<u>Over 1 year</u>	602	109	108	819
Made up:- New Cases	181	24	28	233
Cases Re-attending	421	85	80	586
No. of Attendances	2367	221	291	2879
Cases referred to Hospital:-				
For operation	38	1	2	41
For Consultation	8	9	4	21
For Observation or Medical Treatment	2	-	-	2

Table No. 13Maternal and Child Welfare Service - Special Clinics

<u>Artificial Sunlight Clinic</u>			
Total No. of Cases Attending			143
New Cases from:- Child Welfare Clinics			62
School Health Service			27
Cases re-attending from:- Child Welfare Clinics			17
School Health Service			37
Total No. of attendances:-			
Made up:- Child Welfare Clinics			1447
School Health Service			908
<u>Dental Clinic</u>			
No. of New Cases			
Made up:- Mothers			40
Children			21
No. of attendances:- Mothers			102
Children			116
No. of Extractions:- Mothers			20
Children			28
No. of Conservations:- Mothers			22
Children			22
No. of Dressings:- Mothers			54
Children			75
No. of Dentures			-

Table No. 14.Day Nurseries

	No. of approved places		No. of Children on Register at end of year		Average daily Attendances	
	0 - 2 years	2 - 5 years	0 - 2 years	2 - 5 years	0 - 2 years	2 - 5 years
Castle Street Day Nursery	14	46	14	46	11	40
Underwood No. 1 Day Nursery	-	30	-	33	-	30
Underwood No. 2 Day Nursery	20	-	20	-	12	-
Hugh Smiley Day Nursery	20	30	12	32	13	30
Totals	54	106	46	111	36	100

Table No. 15Chapel House Residential Nursery

No. of beds provided		Children Admitted	Children Discharged	Average daily residents
0 - 2 years	2 - 5 years			
10	10	129	113	16.49

Table No. 16Births

Total No. of Births including Still-births occurring in the Area before correction for Residence	1695
No. of Births in Maternity Hospital	991
No. of Births in General Hospital	3
No. of Births in Private Nursing Homes	236
No. of Births occurring at Home	465
No. of Still-births in Total	30
Cases dealt with under Section 23 (2) National Health Service (Scotland) Act 1947	
Made up:- Doctor engaged and present at confinement	31
Doctor engaged and not present at confinement	387
Midwife alone (no doctor engaged)	6
Other Domiciliary Cases	
Made up:- Doctor and midwife engaged	40
Midwife alone (no doctor engaged)	1
Without doctor or midwife	-

Table No. 17Domiciliary Midwifery Service

No. of Midwives employed in Service	10
No. of Cases booked by Service	492
No. of women attended in labour	424
Made up:- Delivered by midwife	393
Delivered by midwife and doctor	7
Delivered by midwife and doctor (emergency)	24
Conditions requiring medical aid:-	
Delayed second stage of labour	13
Retained Placenta	2
Post Partum Haemorrhage	2
Breech delivery	2
Ante partum haemorrhage	3
Obstetric shock	1
Malpresentation	1
No. of infants born	424
No. of live infants born	414
No. of stillborn infants	10
No. of twins born (bots)	-
No. of Neonatal deaths	8
No. of Maternal deaths	-
No. of Natal visits	7240
No. of Antenatal visits	7513
No. of Postnatal visits	1524
No. of patients given Gas and Air Analgesia during labour	346
No. of cases in which pethidene was administered by midwife	193

Table No. 18Health Visiting

	First Visits	Total Visits
Expectant Mothers	413	1048
Children under 1 year of age	4560	18844
Children between age 1 - 5 years	4851	19487
Tuberculosis Cases	158	3034
Other cases (mainly Infectious Diseases)	1264	1264
Totals	11246	43677

Table No. 19Home Nursing Service

No. of Patients			No. of Visits			Age		Termination of Case			
Male	Female	Total	Male	Female	Total	-65 yrs	65 & over	Conv.	Transfer to Hospital	Died	Continued.
198	590	788	2493	22577	25070	520	268	457	70	140	120

Table No. 20

Domestic Help Service

	No. of New Cases dealt with				No. of New Cases in which full cost borne by applicant				Average No. of Hours per Case per week			
	Mat.	Gen. Ill.	Tub.	Aged	Mat.	Gen. Ill.	Tub.	Aged	Mat.	Gen. Ill.	Tub.	Aged
January												
Full-time	5	2	-	5	1	1	-	2	43	43	-	40
Part-time	-	5	-	11	-	1	-	3	-	25	-	23
February												
Full-time	3	2	1	4	-	1	-	2	44	43	40	42
Part-time	-	4	1	6	-	-	-	1	-	23	23	25
March												
Full-time	4	4	-	7	1	2	-	5	46	40	-	43
Part-time	-	3	1	10	-	3	-	-	-	23	23	23
April												
Full-time	10	-	-	3	-	-	-	1	44	-	-	40
Part-time	-	2	1	2	-	1	-	-	-	24	23	23
May												
Full-time	5	2	2	6	-	1	-	2	43	40	40	42
Part-time	1	2	-	6	1	1	-	-	23	23	-	20
June												
Full-time	4	1	1	3	1	-	-	1	43	40	43	40
Part-time	-	-	1	-	-	-	-	-	-	-	25	-
July												
Full-time	2	5	-	1	-	-	-	1	43	40	-	40
Part-time	3	5	-	5	-	3	-	-	20	23	-	24
August												
Full-time	7	-	1	3	1	-	-	1	44	-	43	44
Part-time	-	2	-	4	-	1	-	-	-	23	-	25
September												
Full-time	2	4	1	2	-	1	-	-	48	44	48	40
Part-time	-	2	-	5	-	1	-	-	-	25	-	23
October												
Full-time	6	5	-	1	1	2	-	-	46	42	-	43
Part-time	1	1	-	11	1	-	-	1	23	28	-	24
November												
Full-time	5	5	-	1	2	1	-	1	45	42	-	43
Part-time	1	3	1	8	-	1	-	-	15	24	30	25
December												
Full-time	5	1	-	3	-	-	-	2	43	40	-	46
Part-time	-	2	1	5	-	-	-	1	-	20	33	24

Total No. of Cases dealt with.

		Mat.	Gen. Ill.	Tub.	Aged
January	Full-time	5	5	8	21
	Part-time	-	7	-	16
February	Full-time	4	5	10	20
	Part-time	-	8	1	17
March	Full-time	4	9	9	23
	Part-time	2	8	1	16
April	Full-time	8	11	5	20
	Part-time	4	4	1	18
May	Full-time	7	9	6	23
	Part-time	1	5	2	22
June	Full-time	4	6	7	19
	Part-time	1	5	2	15
July	Full-time	5	13	4	18
	Part-time	-	6	2	17
August	Full-time	6	7	4	16
	Part-time	1	4	3	18
September	Full-time	6	7	4	14
	Part-time	-	3	3	20
October	Full-time	7	10	3	18
	Part-time	1	5	3	23
November	Full-time	6	10	2	18
	Part-time	1	13	4	25
December	Full-time	6	10	2	18
	Part-time	1	7	3	23

Table No. 21Vaccination against Smallpox

	Typical Vaccinia greatest at 7th - 10th day	Accelerated (Vaccinoid) reaction 5th - 7th day	Reaction greatest 2nd - 3rd day	No local reaction	Total
Primary	667	6	2	24	699
Re- Vaccination	150	55	93	29	327

Table No. 22Diphtheria Immunisation - Primary Inoculations

Year of Birth	At Local Health Authority Clinics	At Schools	By General Medical Practitioners	Total
1939 or earlier	13	11	1	25
1940	-	-	-	-
1941	-	1	-	1
1942	-	3	-	3
1943	-	8	1	9
1944	-	13	-	13
1945	-	15	1	16
1946	1	17	3	21
1947	4	-	8	12
1948	9	-	16	25
1949	19	-	46	65
1950	47	-	151	198
1951	214	-	422	636
1952	11	-	31	42
Totals	318	68	680	1,066

Table No. 23.Diphtheria Immunisation - Maintenance Inoculations

Year of Birth	At Local Health Authority Clinics	At Schools	By General Medical Practitioners	Total
1937	1	1	1	3
1938	13	3	-	16
1939	5	-	1	6
1940	2	-	-	2
1941	-	-	1	1
1942	-	7	1	8
1943	-	7	3	10
1944	-	1	4	5
1945	-	2	10	12
1946	5	25	33	63
1947	8	-	78	86
1948	2	-	2	4
1949	-	-	1	1
1950	-	-	2	2
Totals	36	46	137	219

Table No. 24B.C.G. Vaccination

	Tuberculin Tested		Negative Reactors		Successfully Vaccinated	
	Male	Female	Male	Female	Male	Female
Nurses	-	12	-	9	-	9
Medical Students	-	-	-	-	-	-
Contacts	161	181	84	96	80	81
School-Leavers	1528	1767	429	529	419	514
Totals	1689	1960	513	634	499	604

Table No. 25School Health Service

School Session 1.8.51 - 31.7.52.

GENERAL STATISTICS

Population of Area	94,500
No. of Primary Schools under Education Authority	19
No. of Secondary Schools under Education Authority	9
No. of Special Schools serving the Area	3
No. of Special classes in Ordinary Schools	-
No. of Children on the Registers	16,643
No. of children in average attendance	16,332

CLINICAL STATISTICS

No. of Routine Medical Inspections:-

Nursery Schools	76
Entrants	1,595
Born: 1944 (Vision and Hearing only)	1,267
1942	1,249
1938	1,507
1935	163
Total No. of children examined	5,857
No. of Re-examinations	4,759
No. of Non-Routine Examinations	8,690
No. of Home Visits	336
No. attending Medical Officers Clinic	1,336
No. examined for School Camps	412

	New Cases	Total Attendances
No. of children treated at Minor Ailment Clinic for:-		
Injuries, Cuts, Bruises, etc.	154	523
Diseases of the Ear, Nose and Throat	178	1,839
Diseases of the Eye	178	709
Diseases of the Skin	920	4,280
Other Conditions	59	156
Totals	1,489	7,507

D.H.S. Circular No. 135/1951What Local Authorities can do to promote Health and prevent Disease
(Report by the Medical Officer of Health)

The Report by the Standing Advisory Committee on Local Authority Services of the Scottish Health Services Council, while acknowledging the part played by Local Authorities during the past 80 years in reducing the amount of illness and the number of deaths in the Country as a whole, lays renewed emphasis on the value of the prevention of disease and promotion of health in any National Health Service and on the wider field for such work now open to Local Authorities by virtue of the powers granted to them in Part III of the National Health Service (Scotland) Act, 1947.

The Report does not attempt to cover the whole field of preventive medicine but directs the attention of Local Authorities to steps they may take in the following:-

1. Reduction of deaths in the first 45 years of life.
2. Reduction of sickness in the first 45 years of life.
3. Reduction of sickness and postponement of death in the second 45 years.
4. Mental Hygiene.
5. Health Education.
6. Research.

There is nothing in the Report which calls for immediate action on the part of the Town Council. It is true to say that in Paisley there exist at the moment, Personal and Environmental Services, carrying out much that is recommended and which in time, and without the present shortage of trained staff and the need for strict economy, will develop to attain the ends envisaged in the Report.

To facilitate discussion of the Report it has been considered advisable to set out the Objects and Recommendations of the Report and the Remarks of the Medical Officer of Health side by side and this has been done in the following pages.

Reduction of Deaths in
the first 45 years of life.

(a) Infections Enteric)
Dysentery)

Diarrhoea & Enteritis.

Diphtheria

Whooping Cough
Measles

Respiratory
Tuberculosis

Non-Respiratory Tuberculosis
Syphilis

Influenza and Poliomyelitis

(b) Still-births and Infant
Deaths.

A.

- (a)
 1. General Public Health Measures.
 2. Campaigns for Clean Food and hygienic food handling.
 3. Attention to breast-feeding of infants.
 4. Education in household hygiene and Mothercraft.
 5. Sustained Diphtheria Immunisation Campaigns.
 6. Introduction of Immunisation.
 7. Passive Immunisation of Debilitated Children who have been in contact with the disease.
 8. Education of patient and family in preventive measures.
 9. Attention to housing needs.
 10. An adequate after-care Scheme.
 11. Early diagnosis.
 12. Insistence on Clean Milk Supply.
 13. Health Education in all the Venereal Diseases.
 14. The employment of specific preventive measures as these become available.
- (b)
 1. Good Antenatal Care.
 2. Advice and guidance on Nutrition.
 3. Supply of Home Helps.
 4. Adequate Child Welfare Clinics
 5. Education in Mothercraft.

The great majority of recommendations made for this Section (A) of the Report are already covered by the Personal and Environmental Services operating within the Burgh, and in the main all that is necessary is an extension of these services as facilities and trained staff become available c.g.

- (a) The extension of District Clinics.
- (b) The establishment of Mothercraft classes at Clinics when the opportunity is given for at least one of our present Health Visitors to be instructed in such work.
- (c) The extension of the present pioneering work of the Dietitian at District Clinics by making her available at the Mothercraft classes envisaged in (b) above for advice and guidance on nutrition.
- (d) Constant review of the establishment of Health Visitors so that by giving them new duties their basic educational work among mothers and young children is not sacrificed.

With regard to certain more specific recommendations, such as prevention of Whooping Cough, Measles, and Home Accidents it could be left to the Medical Officer of Health to submit a Report on the individual

Object

(c) Violence

- (c) 1. Enquiry by Public Health Staff into all accidents (fatal and non-fatal)
2. Application of findings towards prevention.
3. Education in the homes and at clinics.

(d) Respiratory Disease

- (d) 1. Smoke abatement.
2. Prevention of debilitating diseases in children e.g. Measles and Whooping Cough.

B. Reduction of Sickness in the first 45 years.

- B. 1. The above recommendations, aimed to save life, will also result in a reduction of sickness from such causes.
2. Adequate antenatal and child welfare clinics and School Health Service.
3. Need to investigate from the Socio-economic point of view such diseases as:- Rheumatism Peptic Ulcer

O. Reduction of Sickness and postponement of death in the second 45 years.

- C. 1. Extension of After-care Schemes to persons other than those suffering from Tuberculosis.
2. Availability of advice by Health Visitors.
3. Provision of Home Nurses.
4. Provision of Home Helps.
5. Provision of Homes and Hostels for Old Folks.
6. Consideration of the special housing needs of old people.

Remarks of Medical Officer of Health

subjects when he is of the opinion that it is the time for introducing such measures. In the case of Home Accidents much can be done at present by the Health Visitors in the Clinics and in the homes, but any enquiry into causes calls for close co-operation with Hospital and General Practitioner Services.

The above remarks cover this Section (B) but with regard to the Investigations recommended in B. 3 opposite, much planning is involved, and again it could be left to the Medical Officer of Health to report on any specific investigation which he considers necessary and when the time, as regards the staff, is opportune.

The recommendations in this Section (C) are already well covered by existing Services, and any restrictions are dictated by the non-availability of trained staff and economy measures.

The Services at present in existence will undoubtedly develop as the opportunity occurs.

D. Mental Hygiene.

- D.
1. Group discussions on child upbringing at Antenatal and Child Welfare Clinics.

2. Instruction of Health Visitors in normal psychology, parent-child relationships and common behaviour disorders of children, so that they may advise on where to obtain -

- (a) Child Guidance.
 - (b) Marriage Guidance.
 - (c) Vocational Guidance.
3. The prevention of senile mental illness by helping to overcome the loneliness of old people by providing clubs, hostels and the right types of houses.

E. Health Education.

- E.
1. All members of the Health and Welfare Departments must apply their instructed common sense to all matters pertaining to health and illness in their day to day work.

2. Full use should be made of
 - (a) Special agencies such as Scottish Council for Health Education.
 - (b) Elementary Hygiene instruction in schools.
 - (c) Voluntary bodies such as Clubs and Guilds.
 - (d) Posters and Films.

F. Research.

- F.
1. Local Authorities should always keep in mind the powers which they have to promote research.
 2. The Medical Officer of Health should undertake statistical enquiries into the causes, especially socio-economic causes, of diseases of all kinds.

These discussion groups will be part of Mothercraft classes once they are established.

The training of Health Visitors is at present under review and consideration will be given to this recommendation. However this training will only be of use if the various Guidance agencies are functioning efficiently in the area. The Local Authority must always see that this is so and where such services do not exist, and are not their specific function, they must by representation draw attention to the deficiencies.

The recommendations for this Section (E) are the basis of the present Education work within the Department.

As in the previous remarks on Specific Investigations it should be left to the Medical Officer of Health to report on each research project as occasion arises.

